

CHIRO NEWS

A publication of the Maryland Board of Chiropractic Examiners
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SUMMER 2012

PRESIDENT'S MESSAGE

Board Members are appointed by the Governor of Maryland from a list supplied to the Office of Executive Appointments by the professional chiropractic and massage associations and the general public. Members serve for an initial 4 year term and are eligible for an additional 4 year renewal appointment upon recommendation to the Governor by the DHMH. All members serve solely as volunteers and are paid only per diem and mileage for the time at meetings and designated events. This Board has been blessed for many years with a diligent, proactive, and professional cadre of members and supporting staff. It is always sad to see members leave after their tenure, but it is exciting to work with fresh, newly appointed professionals who continue the fine tradition of this Board.

Major Board Transition

**Departure of Board Members: Drs. Duane R. Sadula, DC,
Kay B. O'Hara, DC, LAC & Ms Maryanne Frizzera-Hucek, MS**

The Board lost three long-time distinguished members in July. Drs. Duane Sadula, DC, and Kay B. O'Hara, DC, are departing after eight years service to the Board. The Board presented testimonial plaques to the departing members. Notably, these members served as both President and Vice President. In addition they provided outstanding representative service to the Nation Board of Chiropractic Examiners and Federation of Chiropractic Licensing Boards. Prior to Board service, both of these doctors served admirably in various executive positions with the Maryland Chiropractic Association. Ms. Hucek served for eight years as a valuable consumer member to the Board and in the capacity of Secretary/Treasurer. Ms. Hucek is a professional counselor and consistently offered cogent, timely advice on issues relating to rehabilitation, counseling, mentorship, and discipline.

Notably, these departing members served the Board during a time of major transition with the expansion of the Board to include Massage Therapists, re-writes of the Practice Act and Regulations and expansion of the scope of practice for both Chiropractors and Chiropractic Assistants. Also, these members helped shepherd the shift to the electronic media of new websites, electronic licensing and databases and communication. We wish all three of these diligent professionals the best in their future endeavors; they will be missed as professionals and friends.

Newly Appointed Board Members

**Joanne Bushman, DC, Robert Frieman, DC,
Gloria Boddie-Epps, and Michael Moskowitz, DC**

The Board is pleased to have the aforementioned individuals as new members, appointed by Governor Marin O'Malley. Dr. Bushman fills a previous vacancy from December 2011 and Drs Friedman and Moskowitz, and Ms.Boddie-Epps fill the vacancies created upon the departure of Drs Sadula, O'Hara, and Ms. Hucek. The Board welcomes these new members and wishes them the best of luck in their new positions. The next several months will continue to offer significant challenges with budgets, efficiencies, scope of practice issues, regulations and disciplinary matters.

Best

Regards: Stephanie Chaney, DC, President

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BOARD OFFICERS ELECTED AT JULY MEETING

The Board, at its July 12th General Session Meeting, The Board conducted its annual officer election. The following Board officers were elected for a one year term:

Stephanie Chaney, DC, Re-elected President

Michael Fedorczyk, DC, Re-elected Vice President

Jonathan Nou, DC, Re-elected Secretary/Treasurer



FORMAL PUBLIC ORDERS ISSUED SINCE LAST NEWSLETTER



All formal disciplinary orders and consent orders are public and fully reportable to the Federal Health Information Practitioner Database as well as to the Federation of Chiropractic Licensing Board Databank. They are also reported on the Board's website and newsletter.

- **WILLIAM BRADY, DC: February 2012** Prior criminal conviction for major drug sale in 1997—requested admission to Maryland: **Application granted; 12 months probation (note—applicant had demonstrated exemplary conduct, rehabilitation & fulfillment of all court sanctions since time of conduct in 1997).**
- **CHRISTOPHER COLE, MST APPLICANT: March 2012** Convicted of indecent exposure and various drug offenses and parole violations. **Application Denied.**
- **RICHARD HOFFMAN, DC: March 2012** Misuse of prescription drugs and script. **Twelve Months Probation with random drug screenings.**
- **SETH GRAY, DC, APPLICANT: May 2012:** request for re-consideration of application, originally denied in 2010 for practicing in Maryland without a license (while his application for licensure was pending). **Application Initially Denied — Applicant requests hearing; the case is scheduled for a full administrative hearing in August 2012; final decision pends.**
- **HERVE BAPTISTE, LMT, May 2012:** Multiple sexual assaults on various massage clients; past criminal history of sexual misconduct. **License initially summarily suspended; subsequently License Revoked. Respondent also sanctioned by law enforcement and county authorities for criminal conduct.**
- **JASON CARLE, DC:** Criminal conspiracy to commit fraud in collusion with an attorney patient. Convicted in federal court with incarceration & fine. **License suspended for 2 years, (6 months stayed), 2,000 fine, 3 years probation, repayment of \$465.35 hearing costs, pass NBCE Ethics/Boundaries Examination and pay all associated costs/fees.**
- **GLENN MILLER, DC, July 2012:** Use of unregistered personnel in practice of chiropractic. **Formal Reprimand, \$3000 fine, 12 months probation, Jurisprudence Examination, Ethics Course and Supervising Chiropractor Exam, Suspension of Supervising Chiropractor privileges until fine is paid and examinations passed.**
- **LEON YOUNG, DC,** Use of unregistered personnel in practice of chiropractic. **Formal Reprimand, \$2500 fine, 12 months probation, Jurisprudence Examination, NBCE Ethics Examination, Ethics/Recordkeeping Course, Suspension of Supervising Chiropractor privileges until fine is paid and examinations passed.**
- **JOSEPH MUSICO, DC:** Use of unregistered personnel in practice of chiropractic. **Formal Reprimand, \$2500 fine, 12 months probation, Jurisprudence Examination, Supervising Chiropractor Examination, NBCE Ethics Examination, Ethics/Recordkeeping Course; cannot practice as a Supervising Chiropractor until examinations passed.**
- **MICHAEL STEEVES, LMT:** **Unprofessional conduct; engaging in consensual sexual activities with female massage student while an instructor.** **License Revoked by Board in 2011; upheld on appeal by Baltimore Circuit Court in June 2012.**

INFORMAL DISCIPLINE SANCTIONS

(Identities of licensees may not be released)

- **DR 'X', JAN 2012:** Ineffective patient communications & unprofessional behavior: **Letter of Education**
- **DR 'Y', JAN, 2012:** Ineffective client communications & unprofessional behavior: **Letter of Education**
- **DR 'Z', APR 2012:** Improper recordkeeping and billing/claim procedures: **Letter of Education**



FROM THE EXECUTIVE DIRECTOR'S DESK:

Tightening the reins on CA Training Program abuse:

The Board continues to identify abuses of the CA Training Program by Supervising Chiropractors. Under the existing regulations (COMAR 10.43.07 et seq) CA trainees have one calendar year to complete their training and satisfactorily pass the CA examination. Extensions are granted for exigent reasons such as health, family issues, financial hardship, etc. The main issue arises from Supervising Chiropractors who hire –and—fire applicants for the sole purpose of exploiting them as a cheap source of assistant labor without properly training them or insuring that they apply for their CA classes in a timely manner.

The Board perceives this as a serious problem with potential adverse effects on patients who rely on professional, trained healthcare assistants and applicant trainees. It is also a great disservice to the men and women who honestly hope to achieve CA registration status. **To address this issue, commencing immediately, the Board will undertake the following procedures:**

- ***Routinely audit Supervising Chiropractor & CA applicant files to determine if timelines are being met***
- ***Effective immediately, require that all newly hired and existing CA applicant/trainees MUST apply for their CA courses within four (4) months of hire***
- ***Terminate CA applicant/trainees who fail to meet the 4 months timeline unless extenuating circumstances exist***
- ***Summon violating Supervising Chiropractors who engage in improper or deceptive hiring/training practices to appear before the Board to show cause why they should retain their Supervising Chiropractor status***
- ***Consider charges against any Supervising Chiropractor who engages in practicing without an approved CA applicant/trainee or registered CA***

All licensees must remember that Supervising Chiropractor status is not a right....IT IS AN EXCLUSIVE PRIVILEGE that can and will be terminated by the Board for licensees who fail to professionally discharge their duties and responsibilities in a forthright manner. This program is only as good and successful as the licensees make it. Its standards must be maintained at the highest level to insure that the State and profession continue to accept it as a viable chiropractic physical therapy adjunct. Any questions regarding this issue and procedural requirements should be addressed to the Executive Director at 410-764-5985 or vallonej@dhmh.state.md.us.

Latest E-information Progress:

The Board has fully transitioned its websites to include the most recent data uploads. Now, licensees can view all disciplinary summaries, newsletters, laws, regulations, scope of practice bulletins, access to renewal information and online licensing. The Board is also implementing an online broadcast messaging system that will broadcast Board bulletins to all licensees simultaneously via email addresses. This Fall, the Board and all DHMH offices will transition to business Google mail for all electronic correspondence. Soon, the Board will be uploading copies of all disciplinary orders to the website for viewing and downloading by the public. All of the foregoing are enhancements to communications and service to the chiropractic licensee community.

"Fishing for the right answer" is not a good idea:

When contacting the Board with a technical or complex issue or question, please discuss it with the Director or Deputy Director. These two staff members hold the "institutional history" of the chiropractic and massage programs. Only they have the authority to speak for the Board in most instances except for routine questions such as fees, exam or renewal or licensing forms, time of events, etc. Only they may interpret and clarify statutory and regulatory issues on behalf of the Board of Examiners. Even if they do not know the answer, they will get you the answer from the Board. Frequently, licensees and registrants will "phone shop" different staff members trying to find the answer they hope for to questions. To avoid ambiguities, it may be preferable to send an email to the Director or Deputy Director. This will avoid any misrepresentation or confusion on the part of the licensee or the staff member.

Recent disciplinary trends:

There has been a recent drop in massage therapist complaints; however, unauthorized mall practitioners are still an issue requiring coordination with local law enforcement authorities. On the chiropractic side, the most recent spate of complaints continues to involve billing, insurance, record-keeping, and ineffective communications with patients. In particular, elderly patients seem more apt to submit complaints when they believe that they have been professionally mistreated, deceived, or not provided clear, concise information on billing, coding and insurance. Practitioners should review their inter-office communication, including advisory documentation and informed consent formats.

BOARD POLICY ON PERSONAL RELATIONSHIPS WITH PATIENTS

It is incumbent on every licensee/registrant to avoid boundary violations involving intimate or romantic relations with individuals while they are patients/clients. Both the chiropractic and massage laws and regulations prohibit such practices. Occasionally, licensees/registrants seek a clarification on if/when it is appropriate to date or develop a personal relationship with an individual after the professional status ends. The following is offered as clarification to such an issue/question. **MD Code Ann. Health General Section 1-212 establishes guidelines regarding relationships with a patient. Under this section, NO personal relationship is authorized while an individual is in an active patient/client status.**

Situations where a relationship initially arises after the patient status ends:

Once official "patient/client status" ends, the licensee/registrant is free to develop a personal relationship with the former patient/client. The practitioner must insure that healthcare services have officially ended and not resumed before a personal relationship begins.

Situations where a relationship arises during patient status:

If the practitioner believes he/she and the patient are developing a personal relationship, the practitioner is advised to counsel the patient; terminate and document the termination. Additionally, the practitioner must provide a referral to a competent alternative practitioner. All of this must be documented in the patient record. These guidelines apply to both romantic and fiscal relationships contemplated by the practitioner and the patient.

Significantly, every set of circumstances is different; accordingly, even if the patient status ends, the practitioner may wish to engage in a "cooling off period" to avoid the appearance (to a 3rd party) of a perceived conflict or boundary violation. The length of such a period should be prudently determined to avoid any appearance of a conflict or violation. If in doubt, a longer period should be the default.

BOARD ADMINISTRATIVE & STAFFING NEWS



RECENT BOARD STATS: Currently, there are 770 Licensed Chiropractors, 579 Registered Chiropractic Assistants, 3,806 Licensed /Registered Massage Therapists/Practitioners.

BOARD STAFF: The following individuals comprise the Board Administrative Staff:

- | | |
|---|---|
| • J. J. Vallone, JD, CFE, Executive Director/Compliance Chief | Adrienne Congo, MS, Deputy Director/Massage Program Manager |
| • Grant Gerber, Esq., Board Counsel | David Ford, CFE, Senior Investigator |
| • Chris Bieling, BS, Investigator | Emily Jones, MS, License Coordinator |
| • Maria Ware, Office Manager | Bernice Berger, MS, Admin Specialist/Education Coordinator |
| • Denise Harris, Office Secretary | Michelle Czarnecki, JD, Contract/Part-time Office Legal Assistant |

UPCOMING BOARD MEETINGS:

The following are the remaining Board Meeting dates for 2012 (note that these dates and times are subject to change in the event of disciplinary hearings or inclement weather; **August 9th; September 13th; October 11th; November 8th; December 13th**. All General Session Meetings commence at 10 am, unless otherwise indicated. All licensees and registrants are cordially invited to attend the General Session Meetings. Executive Sessions are closed to the public. Petitions for consideration to the Board must be received at least 14 days prior to the Board meeting in order to have the petition/issue placed on the agenda.

CURRENT BOARD COMPOSITION (a quorum of 6 is required to conduct Board business and/or hearings):

The Board is composed of 6 licensed chiropractors, 3 licensed massage therapists, and 2 consumer members:

- | | | |
|---|---------------------------------------|---------------------------------------|
| • Stephanie Chaney, DC, President | Michael Fedorczyk, DC, Vice President | Jonathan Nou, DC, Secretary/Treasurer |
| • Karen Biagiotti, LMT, Member | David Cox, LMT, Member | Gwendolyn Harrison, LMT, Member |
| • Ernestine Jones-Jolivet, Consumer Mbr | Joanne Bushman, DC, Member | Gloria Boddie-Epps, Consumer Mbr |
| • Robert Frieman, DC, Member | Michael Moskowitz, DC, Member | |

MORE ON FRAUD, MISREPRESENTATION, AND COMPLIANCE

Billions of dollars are annually lost in insurance fraud. Accordingly, to combat this problem, insurance companies spend millions of dollars annually running computerized database audits of licensees and patient billing records. Healthcare fraud can be as simple as double billing, misrepresenting services, over charging, altering a condition or diagnosis or outcome, inflating prices or unbundling services. Up coding services is yet another common fraud scheme. The rising costs of healthcare due to fraud cause a rippling effect throughout the industry and profession. Higher malpractice insurance premiums are a good example of the cause-and-effect of healthcare fraud. Some projections are that healthcare costs will climb to \$3.6 trillion by 2014.

The ability of an insurer's electronic database systems to accurately collate and examine data is amazing. The insurance companies have staffs of claims and database analysts in addition to investigators and fraud examiners. However, the analytical ability of the computer systems is the critical component of fraud investigations and audits. Companies may conduct specialized inspections, audits, and analyses at any time as part of the licensee's contract with them. Licensees who fail to cooperate are dropped from their provider panel; however, the investigation is not dropped; they are aggressively pursued in civil litigation and criminal prosecution. Significantly, organizations such as the *National Insurance Crime Bureau* have law enforcement status & recognition by the federal government and readily assists all insurers in conducting audits and processing/prosecuting fraud and misrepresentation cases. The State of Maryland also maintains state insurance investigators within the Maryland Insurance Administration as well as its Medicaid and Medicare units. All of these insurance agencies and entities work together to share information on suspect licensees and practices. In the process, frequently, information is shared to this Board for examination and further investigation. It is not uncommon for the FBI and/or State Police to work with the Board on fraud cases. Very recently, the U.S. Dept. of Health & Human Services, in conjunction with the National Healthcare Anti-Fraud Association, The Medicaid Fraud Control Unit, the National Assn of Insurance Commissioners and the National Insurance Claims Bureau joined together into a task force to mutually work to clamp down and alleviate healthcare practice fraud. Database information will be freely shared among these organizations to work together to investigate and prosecute violators.

Some things that are red-flags triggering audits are: multiple services over a short time frame; patient complaints; excessive billing statements, multiple billing statements reflecting un-bundling schemes, verbatim boilerplate verbiage used multiple times in SOAP notes and invoices. Spot checks of Board disciplinary cases and Orders are frequently conducted to tab violators. In recent years, "patient mills" conducted using cooperative referral schemes between chiropractors and attorneys, have been the target of fraud prosecutions. Billing fraud happens when health care providers file claims, knowing they are not correct. When they manipulate the coding system to their advantage, taxpayers, insurers and premium payers are hit with higher costs and fees. Below are some common examples of healthcare fraud:

- **Upcoding:** The health care provider provides a service, but lists a billing code for a more complicated or lengthy procedure that pays more. For example, a brief office visit could be coded as an extensive visit. Group psychotherapy could be billed as if it were an individual session. Routine medical transportation could be coded as emergency life support transportation. A cold could be coded as pneumonia. Tests done by technicians could be coded as being done by chiropractors or physicians. By using codes for more serious procedures with higher rates of payment, providers can significantly increase how much they are paid.
- **Unbundling:** Some codes are meant to include a group of procedures commonly done together, such as cleaning a wound, stitching it and applying a dressing. Using three separate codes when there is one code for the procedure is called unbundling. It is illegal, but it can increase profits.
- **Double billing:** This happens when the same bill is submitted multiple times when the procedure was performed only once but is billed as being performed multiple times or on multiple dates.
- **Mis-coding or Exaggerated Coding:** Mis-characterizing or exaggerating the ability of tests or modalities as a viable adjunct.
- **Attenuated—Lengthy Service Contracts:** Crafting and using lengthy, confusing, and misleading contracts of adhesion that punish a patient for breaking a service contract until its expiration. Offshoots of this include tricking or cajoling patients into executing long-term credit contracts with a 3rd party credit company to pay for services. These unprofessional tactics are commonly used with elderly or vulnerable patients. Service contracts must have terms that allow the patient to terminate the contract at any time, for any reason, and without any penalty or additional fee.

A FINAL NOTE: Licensees should never rely on 3rd party contract billing agencies to always operate within law and regulation, nor should Licensees falsely believe that a Licensee cannot be held liable for the mistake or criminal conduct of such agency. To the contrary, all Licensees are ultimately **FULLY LIABLE AND RESPONSIBLE** for all aspects of record-keeping, billing, insurance documentation, etc. Remember, regardless of the format of the recordkeeping and/or billing/invoicing, upon request or subpoena, Licensees must be able to produce legible documentation to support their administrative interaction with their patients.

CHIROPRACTOR LICENSEES

NEW CEU REQUIREMENTS FOR NEXT LICENSE RENEWAL

In 2011, the Board and DHMH revised the CEU regulations. Forty Eight (48) CEUs are still required for the biennial renewal; however, the following changes are made to the required courses and are effective for the 2012 renewal:

3 CEUs	Communicable Disease/AIDs/HIV
3 CEUs	Risk Management
1 CEU	Diversity/Cultural Competency
1 CEU	Jurisprudence

The remaining 40 CEUs may be in ANY Board approved course or program. Remember, ONLY Board approved CEUs count for credit. Online, Home Study and Live courses are allowed if Board approved. All approved courses are now listed on the Board website at www.mdchiro.org at the "Approved CEU" link/tab. The next renewal is in September 2013.

Licensees are reminded that ONLY BOARD APPROVED COURSES COUNT FOR CREDIT. Licensees are also reminded that they must also hold an active provider level CPR certification from the American Red Cross or American Heart Assn. No other providers are approved.

SOME EXAMPLES OF IMPLEMENTATION OF THE MODIFIED POLICY ON FEE DISCOUNTS CITED ON PAGE 7

(On the page 7 is the revised Board policy on fee discounts, coupons, and free introductory offers—please read it and refer to the below examples of permissible implementation. Call the Executive Director if you have any questions)

- Dr. X holds an open house on a Monday for all military veterans, police, and firemen, offering a free initial exam/screening and a 25% discount on subsequent services.
- Dr. X offers a standard 20% discount to cash patients because of the savings incurred by not processing insurance paperwork.
- Dr. X places a Groupon advertising which offers a 30% discount to new patients who present within 2 weeks of expiration of the advertisement and a 20% discount to any additional patients referred by the Groupon holder.
- Dr. X offers a free introductory screening and 50% off any x-rays taken resulting from the screening.
- Dr. X offers free unlimited chiropractic services to an indigent family with no income.

REVISED BOARD POLICY ON DISCOUNTS & COUPON ADVERTISING

In July, the Board modified its previous policy on advertising discounts and clarified a policy on using coupons/Groupons/Social Networks discounts, etc. Previously, discounting chiropractic services for patients was not authorized except in hardship patient cases and for cash patients to offset the higher cost of insurance administration.

Under the modified policy, licensees MAY OFFER ADVERTISED DISCOUNTS to patients under the following guidelines:

- The discount terms must clearly detail what is discounted or "free" and patients must fully understand the terms

of the offer;

- Discounts may be made to specific groups such as: Police, Firemen, Teachers, Healthcare responders; etc.
- Any discounts issued to insurance patients are permitted provided that the licensee only bills the insurer ONLY for the discounted fee. (note, licensee must check with the insurer to determine what/if any forms must be used to bill in discount cases.)
- It is permissible for licensees to advertise using coupon services such as Groupon, Social Network, etc. The advertisement must comply with

existing advertising regulations. This means that the advertisement may not be confusing, deceptive, or fraudulent. In other words, the advertising coupon must clearly advise the patient of the offer and discount.

- Certain federal regulations may preclude or modify discounting services. Be sure to check with federal insurance regulations to clarify the issue if dealing with Medicare patients.
- To avoid future complaints or issues, licensees should consider giving patients a printed form explicitly detailing all terms of any discount or free promotional service.

DEPARTING BOARD MEMBERS WILL BE MISSED



LEFT: Board President, Dr. Stephanie J Chaney, DC (2nd from left) awards testimonial plaques to departing members, (left to right) Drs Duane R. Sadula & Kay B. O'Hara, both Past Presidents, and Ms. Frizzera-Hucek, Consumer Member & Past Secretary/Treasurer.

All three of these departing members diligently served as Board Member volunteers for eight years. During their tenure, many statutory and regulatory initiatives were successfully accomplished, including the integration of the Massage Therapy Advisory Committee into a joint Board of Chiropractors and Massage Therapists.

Innovations and policies crafted by this Board serve as models for many jurisdictions seeking to devise economies of scale in regulating multiple practices. Additionally, many jurisdictions seek to emulate this Board's expansive CA training and certification program which is studied and copied by many jurisdictions seeking to establish a viable CA regime.

MASSAGE RENEWALS COMING DUE IN OCTOBER

For those licensees employing LMTs, please note that all Licensed Massage Therapists and Registered Massage Practitioners' licenses and registrations come up for renewal on October 31, 2012. The online renewal portal will be available on the massage website at www.mdmassage.org. All renewals must be conducted online and payment is only accepted by VISA or MASTERCARD. Massage therapists are required to complete a minimum of 24 CEUs, including 3 in communicable disease/AIDS/HIV, and 3 in Risk Management and/or Jurisprudence.

**DHMH: UNIT 83
Board of Chiropractic Examiners
4201 Patterson Ave
Baltimore, MD 21215-2299**

MEMORABLE QUOTES

Legislators should emulate toilet fixtures.....they need only be competently simple and effective in doing the job intended . Columnist Joseph Alsop

Courage is grace under pressure. Writer, Ernest Hemingway

*Home is the place where, when
you have to go there, they have
to take you in.* Poet, Robert
Frost

ADDRESS LABEL

HERE

BRAIN TEASERS

What Hollywood starlet designed and patented major military inventions for the U.S. War Dept. during World War II.

John Wilkes Booth was having a romantic affair with a Washington socialite 2 weeks before assassinating the President. Who else was romantically involved with the lady during the same time?

John Hay, Lincoln's Chief of Staff.

Screen actresses, Hedy Lamarr developed several concepts and inventions for the stage and screen. Lamar's most brilliant invention was a homing torpedo. Lamar was exceptionally intelligent in addition to being one of Hollywood's most beautiful and popular stars.

ANSWERS

ADVANCE RENEWAL REMINDER

For those licensees employing CAs, registration renewals are coming up in 8 months—March, 2012. Please remind them that they should be getting their 10 CEUs completed to renew in a timely manner. CA renewals come due in March 2013 and Chiropractor renewals are due in September 2013. All renewals are online and paid for with VISA or MASTERCARD. As in the past, the Board will send out several notice/reminders as the renewal dates draw near. Now is a good time to start reviewing CEU completions for CAs and Chiropractors to start taking the courses and programs needed to be ready for your respective renewal.

CHANGE OF ADDRESS FORM

(To be submitted every time a licensee changes mailing address)

The Board regulations require all licensees to maintain a current address with the Board. There is a \$200.

penalty for failure to maintain a current address with the Board. If you have recently moved or are planning a move, please complete and mail the following:

I, _____, submit that my current official mailing address is _____.

The change was/is effective on _____ . New phone is _____ .

E-mail address is:

Chiropractor signature _____ **Date** _____

Mail to: MD Board of Chiropractic Examiners, Suite 301, 4201 Patterson Ave., Baltimore, MD 21215-2299

Attn Ms. Berger